U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

S DOL EST	READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.				
E ( AUG 152005 )						
CAMS OF STATE OF STAT						
1. File Number U - 6985		2. Fiscal Year Covered From:				
		1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.		4. Name, file number, and address of labor organization.				
Name JACK	FORTESQUE  ***Control Control	Name TEAMSTERS LOCAL UNION 436				
		Labor Organization File Number 018-978				
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any	2.O. Box, Building and Room Number, if any			
Street 6051 CAREY DRIVE		Street 6051 CAREY DRIVE				
City VALLEY VIEW		City VALLEY VIEW	And the state of t			
State Johno Oscillo Constitution (Constitution Constitution Constituti	$ \begin{array}{c} \text{ZIP Code} + 4 \\ $	State Ohio ZIP Code + 4 44125				
5. Position in labor organization.	VICE PRESIDENT		603 (chamina anni an 1836) Seoin agus ag airth cealagailtean			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (	including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name	чистве с каментий, и поставуще измейдина в точет в неговене и доставет измене в неговене обече обече обече обе 		******			
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
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P.O. Box, Blog., Room No., If any		7.b. Amount.	to the state of th			
		7.b. Amount.				
g de la colonia		7.b. Amount.				
	ZIP Code + 4	7.b. Amount.				
Street  City	ZIP Code + 4	7.b. Amount.				
Street  City  State  15. Signature and verification. submitted in this report (including	ZIP Code + 4  Sign The undersigned declares, under penalty of	nature  f Perjury and other applicable penalties of the law, that all of the information bying documents), has been examined by the signatory and is, to the best of the				
Street  City  State  15. Signature and verification. submitted in this report (including undersigned's knowledge and be	ZIP Code + 4  Sign The undersigned declares, under penalty of the information contained in any accompany	nature  f Perjury and other applicable penalties of the law, that all of the information bying documents), has been examined by the signatory and is, to the best of the				

Name of Person Filing JACK FORTESQUE	File Number <b>U-</b>	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name TEAMSTERS LOCAL 436 HEALTH & WELFARE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6051 CAREY DRIVE  City VALLEY VIEW  State Ohio ZIP Code + 4 44125	a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	PROVIDES HEALTH AND WELFARE BENEFITS TO MEMBERS OF TEAMSTERS LOCAL 436.	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.  EDUCATION SEMINAR INCLUDING REGISTRATION, ACCOMODATION, TRAVEL AND MEALS.	
	12.b. Amount. \$3,60	

Name of Person Filing JACK FORTESQUE	File Number <b>U-</b>

## Part B Continuation Page

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Name TEAMSTERS LOCAL 436 HEALTH & WELFARE	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 6051 CAREY DRIVE	c. Employer	
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City VALLEY VIEW		
State Ohio ZIP Code + 4 44125		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and where who are a first of the Common and the processing and a supplying of the common and the
Name	PROVIDES HEALTH AND WELFARE BENEFITS TO MEMBERS OF TEAMSTERS LOCAL 436.	
Trade Name, if any:	An annual representation of the second secon	
P.O. Box, Bldg., Room No., if any		
		a promote de la companya de la compa
	Topic Control of the	The state of the s
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	MEALS WHILE ATTENDING BOARD OF TRUSTEE MEETINGS.	
	12.b. Amount.	\$166